



ROANOKE COUNTY PUBLIC SCHOOLS

Nutrition Services Department
5937 Cove Rd. Roanoke, VA 24019
(540) 562-3788 • (540) 562-3974 FAX
nutrition@rcps.us

Request for Meal Account Refund

Please complete one (1) form per household. List each student individually on the same form.

School:	
Student Name and Account Number:	
Parent or Guardian Name: <i>Check will be issued to the person(s) listed</i>	
Reason for Refund:	
Mailing Address: <i>Check will be mailed here</i>	
Amount:	
I am requesting a refund to reimburse an overpayment on my student's meal account.	
Parent/Guardian Signature	Date
Refund approved by:	
Nutrition Department Approving Official	Date

All refunds will be issued by check from Roanoke County. Refunds will be mailed to the address listed. Please allow time for processing and mail delivery.